| Fill | in this information | to identify your case: | 1100 3 110 | | /L Lnta | Sraa II. | 7731/2 | | ox only as directed in this | s form and in |
|------------------------------|---|---|--|---------------------------------|-----------------------------|---------------------|--------------------------------------|--|--|------------------------------|
| D | ebtor 1 | Paul | | Ojewoye | | | | | | |
| | | First Name | Middle Name | Last Name | | | | | s no presumption of abus | |
| | ebtor 2 Spouse, if filing) | First Name | Middle Name | Last Name | | | | of abuse a | culation to determine if a applies will be made under the color to the | er Chapter 7 |
| | | | | | D | •- | | _ | st Calculation (Official Fo | , |
| | nited States Bankru | uptcy Court for the: | Eastern | District of I | Pennsylvan | ııa <u> </u> | - | | ans Test does not apply d military service but it co | |
| _ | ase number known) | | | | | | | Check if the | nis is an amended filing | |
| — ∩f | ficial Form | 122A-1 | | | | | _ | | | |
| | | <u>12277 i</u> Statement | of Vour | Curront | Mont | hly li | nco | m o | | 40/40 |
| | • | | | | | | | | ing accurate. If more sp | 12/19 |
| attad and beca with | ch a separate shee case number (if kr ause of qualifying i this form. | t to this form. Includ nown). If you believe | e the line number t that you are exemp plete and file <i>State</i> | o which the a oted from a pi | dditional info | ormation of abuse b | applies. because | On the top of you do not he | f any additional pages, vave primarily consumer 707(b)(2) (Official Form | write your name debts or |
| 1. | What is your mar | ital and filing status? | Check one only. | | | | | | | |
| | _ | ill out Column A, lines | | | | | | | | |
| | | our spouse is filing v | | | | 2-11. | | | | |
| | Married and yo | our spouse is NOT fil | ling with you. You a | and your spo | use are: | | | | | |
| | | he same household | | | | | | | | |
| | under per | | ou and your spouse | are legally se | eparated und | er nonban | nkruptcy | law that appli | ng this box, you declare es or that you and your $07(b)(7)(B)$. | |
| va ex | 01(10A). For examparied during the 6 m | ole, if you are filing on nonths, add the incom | September 15, the ne for all 6 months a | 6-month peri | od would be total by 6. Fil | March 1 to | hrough .esult. Do column Colui | August 31. If the not include aronly. If you haw | ile this bankruptcy case the amount of your month the income amount more we nothing to report for a | nly income than once. For |
| | | | | | | | Debt | or 1 | Debtor 2 or non-filing spouse | |
| 2. | Your gross wages deductions). | Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | yroll | | \$4,017.41 | \$5,779.05 | |
| 3. | 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | | | | | \$0.00 | \$0.00 | |
| 4. | All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3. | | | | | | | \$0.00 | \$0.00 | |
| 5. | Net income from or farm | operating a business | s, profession, | Debtor 1 | Debtor 2 | | | | | |
| | Gross receipts (be | efore all deductions) | | \$0.00 | \$0.00 | | | | | |
| | Ordinary and nece | essary operating expe | enses - | \$0.00 | - \$0.00 | | | | | |
| | Net monthly incon | ne from a business, p | rofession, or farm | \$0.00 | \$0.00 | Copy here → | | \$0.00 | \$0.00 | |
| 6. | Net income from | rental and other real | property | 5 .1 | B.1.: - | • | | Ψ0.00 | | |
| υ. | | efore all deductions) | property | Debtor 1 \$0.00 | Debtor 2 \$0.00 | | | | | |
| | . ` | erore all deductions) essary operating expe | enses - | \$0.00 | - \$0.00 | | | | | |
| | | s, speraming oxpo | | | | Сору | | | | |
| | Net monthly incom | ne from rental or othe | r real property | \$0.00 | \$0.00 | here | | ¢ ስ ስስ | ድ ስ ስስ | |
| _ | | | | | | \rightarrow | | \$0.00 | \$0.00 | |
| 7. | Interest, dividend | s, and royalties | | | | | | \$0.00 | \$0.00 | |

Debtor 1

Entered 03/31/25 16:40:20 Doc 3 Page 2 of 3 Case number (if known). Middle Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit For you..... \$0.00 For your spouse..... 9. Pension or retirement income. Do not include any amount received that was a \$0.00 \$0.00 benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. Pro-rated 2023 Tax Refund \$51.17 \$0.00 Total amounts from separate pages, if any. \$4.068.58 \$5,779.05 \$9.847.63 11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. Total current monthly income

| | | | | | | • | | | | |
|----|---|---|--------------|--|-------------|--------------|--|--|--|--|
| Pa | art 2: | Determine Whether the Means Test Ap | plies to You | | | | | | | |
| 2. | 2. Calculate your current monthly income for the year. Follow these steps: | | | | | | | | | |
| | 12a. | 2a. Copy your total current monthly income from line 11 | | | | | | | | |
| | | Multiply by 12 (the number of months in a year). | | | x 12 | | | | | |
| | 12b. | The result is your annual income for this part of t | he form. | | 12b. | \$118,171.56 | | | | |
| 3. | Calcu | Calculate the median family income that applies to you. Follow these steps: | | | | | | | | |
| | Fill in | the state in which you live. | Pennsylvania | | | | | | | |
| | Fill in | the number of people in your household. | 4 | | | | | | | |
| | Fill in the median family income for your state and size of household | | | | | | | | | |
| 4. | How do the lines compare? | | | | | | | | | |
| | 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, <i>There is no presumption of abuse.</i> Go to Part 3. Do NOT fill out or file Official Form 122A-2. | | | | | | | | | |

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Go to Part 3 and fill out Form 122A-2.

Entered 03/31/25 16:40:20 Page 3 of 3 Case number (Doc 3 Filed 03/31/25 Debtor 1

Case number (if known)

Part 3: Sign Below

Middle Name

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

Signature of Debtor 1

Date 03/31/2025

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.